

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/781680

FILING DATE

02-12-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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17						
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21			1			
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30						
31			1			
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46						
47						
48						
49						
50						
TOTAL IND.	1	↓	4	↓		↓
TOTAL DEP.		↓	37	↓		↓
TOTAL CLAIMS	1		41			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS